

13



Docket No. 17171 CIP4DIV (AP)
Application No. 09/685,828
Notice of Allowance dated 3/22/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of
Klein, et al.

Application No: 09/685,828

Filed: October 10, 2000

For: METHODS OF IDENTIFYING
COMPOUNDS HAVING NUCLEAR
RECEPTOR HORMONE AND/OR
ANTAGONIST ACTIVITIES

Group Art Unit: 1648

Examiner: Myron G. Hill

Confirmation No. 4591

Notice of Allowance dated
March 22, 2004

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TRANSMITTAL LETTER ACCOMPANYING DECLARATION

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Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

As required in the Notice of Allowance, Applicants submit herein a substitute Combined
Declaration & Power of Attorney - U.S.A. Application.

PETITION UNDER 37 C.F.R. 147 (a)

The following inventors could not be reached after diligent effort. Their last known
addresses are listed with their names.

- Elliot S. Klein, 20 Winton Farm Road, Connecticut, CA 06470
- Alan T. Johnson, 17058 Iron Mountain Drive, Poway, CA 92064-6316
- Andrew M. Standeven, 427 1/2 Orchid Avenue, Corona del Mar, CA 92625

Remaining applicants hereby petition the Director that the requirement that these inventors
sign the declaration be suspended or waived in accordance with 37 C.F.R 1.183. The following is
submitted as evidence that diligent effort was made to reach the inventors.

1. Copies of the letters sent to inventors requesting that they sign the declaration (3 pgs).
2. Copies of Certified Mail receipts corresponding to the above letters (3 pgs).

The Commissioner is hereby authorized to charge the \$130 fee according to 37 CFR 1.17(h) as well as any fees that may be incurred as a result of this communication, or credit any overpayment to Deposit Account No. 01-0885. A duplicate copy of this sheet is enclosed for that purpose.

Respectfully submitted,



Dated: June 17, 2004
Please address all correspondence to:
Brent A. Johnson (T2-7H)
Allergan, Inc.
2525 Dupont Drive
Irvine, CA 92612

Brent A. Johnson
Registration No. 51,851
Agent of Record
Telephone: 714.246.4348
Facsimile No. 714.246.4249

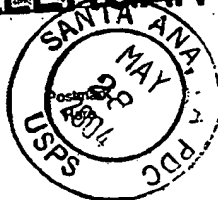


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Mr. Alan T. Johnson
17058 Iron Mountain Drive
Poway, CA 92064-6316

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ALLERGAN

2525 Dupont Drive, P.O. Box 19534, Irvine, California - USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com
Brent A. Johnson, Ph.D.
Patent Agent
Phone: (714) 246-4348
Fax: (714) 246-4249
Email: johnson_brent@allergan.com



May 28, 2004

Certified Mail/ Return Receipt Requested

Mr. Alan T. Johnson
17058 Iron Mountain Drive
Poway, CA 92064-6316

RE: U. S. Patent Application Serial Number 09/685,828
Filed: October 10, 2000
*Methods of Identifying Compounds Having Nuclear Receptor Negative
Hormone and/or Antagonist Activities*
Our Ref.: 17171 CIP4 DIV1 (HL)

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Dear Mr. Johnson: ✓

Please find enclosed a copy of the allowed claims in the above-referenced patent application filed with the U.S. Patent Office. Included in this package is a Combined Declaration & Power of Attorney for your signature.

As a co-inventor, please be so kind as to execute the Declaration & Power of Attorney and return it to me in the enclosed self-addressed, postage paid Federal Express envelope before June 20, 2004.

Thank you for your assistance in this matter and if you have any questions, please do not hesitate to contact me at the above number.

Sincerely,

ALLERGAN, INC.

Brent A. Johnson, Ph.D.
Patent Agent

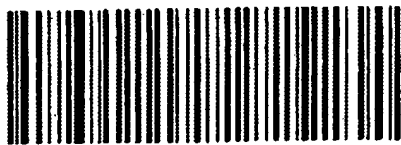
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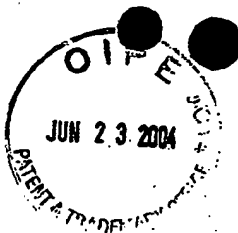
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Total Postage & Fees	\$

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 17058 Iron Mountain Drive
 Poway, CA 92064-6316

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 17058 Iron Mountain Drive
 Poway, CA 92064-6316

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A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, enter delivery address below:	

1. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number (Copy from service label)
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ALLERGAN

2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com
Brent A. Johnson, Ph.D.
Patent Agent
Phone: (714) 246-4348
Fax: (714) 246-4249
Email: johnson_brent@allergan.com



June 14, 2004

Certified Mail/ Return Receipt Requested

Mr. Andrew M. Standeven
427 1/2 Orchid Avenue
Corona del Mar, CA 92625

RE: U. S. Patent Application Serial Number 09/685,828
Filed: October 10, 2000
*Methods of Identifying Compounds Having Nuclear Receptor Negative
Hormone and/or Antagonist Activities*
Our Ref.: 17171 CIP4 DIV1 (HL)

Dear Mr. Standeven:

Please find enclosed a copy of the allowed claims in the above-referenced patent application filed with the U.S. Patent Office. Included in this package is a Combined Declaration & Power of Attorney for your signature.

As a co-inventor, please be so kind as to execute the Declaration & Power of Attorney and return it to me in the enclosed self-addressed, postage paid Federal Express envelope before June 20, 2004.

Thank you for your assistance in this matter and if you have any questions, please do not hesitate to contact me at the above number.

Sincerely,

ALLERGAN, INC.

Brent A. Johnson, Ph.D.
Patent Agent

BAJ/sb
Encl.

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City, State, ZIP+4 _____
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Mr. Andrew M. Standeven
427 1/2 Orchid Avenue
Corona del Mar, CA 92625

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Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

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2. Article Number (Copy from service label) 7002 2410 0005 3400 3168

1. Article Addressed to:
Mr. Andrew M. Standeven
427 1/2 Orchid Avenue
Corona del Mar, CA 92625

SENDER: COMPLETE THIS SECTION

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■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
C. Signature _____
X Is delivery address different from item 1? ☐ Yes ☒ No
D. If YES, enter delivery address below: _____
3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No



NO POUCH NEEDED.

See back for peel and stick application instructions.

789
1000

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8855 5691 4399

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1 From **Andrew M. Stender** to **Allen B. Bales**
Date **06/23/04** Account Number **1000100040**

2 To **Allen B. Bales**
Address **18655 TELLER AVE**
City **IRVINE**
State **CA** Zip **92612**

3 Your Internal Billing Reference **2100100040**

4 Sender's Signature **Andrew M. Stender**

5 Recipient's Signature **Allen B. Bales**

6 Package Description **OPTIONAL**

7 Special Handling **NO**

8 Insurance **NO**

9 Signature Required **NO**

10 Restricted **NO**

11 Signature Required **NO**

12 Signature Required **NO**

13 Signature Required **NO**

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91 Signature Required **NO**

92 Signature Required **NO**

93 Signature Required **NO**

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95 Signature Required **NO**

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98 Signature Required **NO**

99 Signature Required **NO**

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Street, Apt.
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City, State,
Mr. Andrew M. Standeven
AMGEN
1840 Dehavilland Dr.
Thousand Oaks, CA 92064-6316

PS Form 3800, June 2002

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Andrew M. Standeven
AMGEN
Dehavilland Dr.
Thousand Oaks, CA 92064-6316

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Chris Schiefer 6/4/04

C. Signature

X- [Signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7002 2410 0005 3400 3212

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2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com
Brent A. Johnson, Ph.D.
Patent Agent
Phone: (714) 246-4348
Fax: (714) 246-4249
Email: johnson_brent@allergan.com



May 28, 2004

Certified Mail/ Return Receipt Requested

Mr. Andrew M. Standeven
AMGEN
1840 Dehavilland Dr.
Thousand Oaks, CA 92064-6316

RE: U. S. Patent Application Serial Number 09/685,828
Filed: October 10, 2000
*Methods of Identifying Compounds Having Nuclear Receptor Negative
Hormone and/or Antagonist Activities*
Our Ref.: 17171 CIP4 DIV1 (HL)

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Sincerely,

ALLERGAN, INC.

Brent A. Johnson, Ph.D.
Patent Agent

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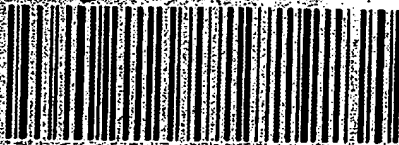
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 Mr. Andrew M. Standeven
 AMGEN
 1840 Dehavilland Dr.
 Thousand Oaks, CA 92064-6316

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Mr. Andrew M. Standeven
 AMGEN
 1840 Dehavilland Dr.
 Thousand Oaks, CA 92064-6316

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **B. Date of Delivery**

C. Signature ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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2 To: **Mr. Elliott S. Klein**
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4 City: **Newtown** ST: **CT** ZIP: **06470**
5 Package: **2100100040**
6 Recipient: **S. Bartholomew** Phone: **(714) 246-4753**
7 Company: **ALLERGAN SALES LLC**
8 Address: **18455 TELLER AVE**
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FedEx. USA Airbill **EXPRESS** **0358 569J 4068**

1 From: **Mr. Andrew M. Standeven**
2 To: **c/o AMER**
3 Address: **1840 Debarville Dr.**
4 City: **Thousand Oaks** ST: **CA** ZIP: **92064-6316**
5 Package: **2100100040**
6 Recipient: **S. Bartholomew** Phone: **(714) 246-4753**
7 Company: **ALLERGAN SALES LLC**
8 Address: **18455 TELLER AVE**
9 City: **IRVINE** ST: **CA** ZIP: **92612**

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94. Signature Required
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96. Signature Required
97. Signature Required
98. Signature Required
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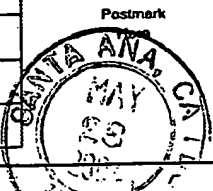


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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 5.11



Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4
**Mr. Elliott S. Klein
20 Winton Farm Rd.
Newtown, CT 06470**

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Mr. Elliott S. Klein
20 Winton Farm Rd.
Newtown, CT 06470

JUN 15 2004

LEGAL PATENTS

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Elliott Klein B. Date of Delivery 6/12/04

C. Signature Elliott Klein
☒ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

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102595-00-M-0952

ALLERGAN

2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com
Brent A. Johnson, Ph.D.
Patent Agent
Phone: (714) 246-4348
Fax: (714) 246-4249
Email: johnson_brent@allergan.com



May 28, 2004

Certified Mail/ Return Receipt Requested

Mr. Elliott S. Klein
20 Winton Farm Rd.
Newtown, CT 06470

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Filed: October 10, 2000
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Our Ref.: 17171 CIP4 DIV1 (HL)

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Sincerely,

ALLERGAN, INC.

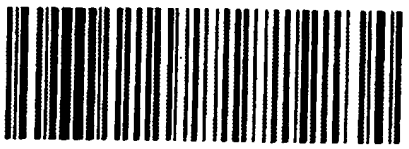
Brent A. Johnson, Ph.D.
Patent Agent

BAJ/sb
Encl.

7002 2410 0005 3400 3199

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



7002 2410 0005 3400 3199

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U.S. Postal Service
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at usps.com
OFFICIAL RETURN

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark Here

Sent To

Mr. Elliott S. Klein
 20 Winton Farm Rd.
 Newtown, CT 06470

PS Form 3811, June 2002 See reverse for instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Mr. Elliott S. Klein
 20 Winton Farm Rd.
 Newtown, CT 06470

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7002 2410 0005 3400 3199

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

